

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Erica Schock	<i>Erica Schock</i>	Street: 2309 Brentwood Pkwy. #2 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. CATHERINE GILLIBORN	<i>Catherine Gilliborn</i>	Street: 1017 TROY DRIVE City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. ANAND DESAI	<i>Anand Desai</i>	Street: 1782 FORDEM AVE. #39 City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. NATALIE RACINE	<i>Natalie Racine</i>	Street: 1919 MULLER RD City: SUN PRAIRIE Zip: 53590	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BRISTOL	11/15/2011 (Month) (Day) (Year)
5. Robin Whitford	<i>Robin Whitford</i>	Street: 834 E Johnson St. City: Madison WI Zip: 53704	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. AARONSON CHEW	<i>Aaronson Chew</i>	Street: 309 N. PINCKNEY ST City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Linda Rolnick	<i>Linda Rolnick</i>	Street: 2718 Milwaukee St City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Noel Howlett	<i>Noel Howlett</i>	Street: 2717 Moland St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Elaine M. Seitz	<i>Elaine M. Seitz</i>	Street: 5202 Shawano Terr City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Shelley King Curry	<i>Shelley King Curry</i>	Street: 7454 Old Sauk Rd City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Karen Luskinen, (certify): I reside at 9 Sherman Terrace #6 Madison, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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1. Christina Newman	<i>Christina Newman</i>	Street: 30 Sherman Terrace City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
2. Allison Cunningham	<i>Allison Cunningham</i>	Street: 3119 S Prospect Dr City: Sun Prairie WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)	Email Phone
3. DAVID PIKORN	<i>David Pikorn</i>	Street: 3119 Prospect Drive City: Sun Prairie, WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Brooklyn Mashaw	<i>Brooklyn Mashaw</i>	Street: 3618 Spenser Ln City: madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Elizabeth Wright-Villa	<i>Elizabeth Wright-Villa</i>	Street: 1526 Packers Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
6. ELIZABETH BOSE	<i>Elizabeth Bose</i>	Street: 1714 STERIDAN ST City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
7. Lindsay Hinkel	<i>Lindsay Hinkel</i>	Street: 734 E Dayton St #2 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
8. Graham Erwi	<i>Graham Erwi</i>	Street: 643 E Johnson St Apt 11 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
9. RACHEL GROSS	<i>Rachel Gross</i>	Street: 940 E Mifflin City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
10. Bronson LaFollette	<i>Bronson LaFollette</i>	Street: 515 E Mifflin City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Karen Miskimen, (certify): I reside at 9 Sherman Terrace #6 Madison, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Circulators, please

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1. Taavi McMahon		Street: 410 Ring Street City: Madison, WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. JUDE GENORE		Street: N 2780 TODD RD City: SARONA Zip: WI/54870	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SARONA	11/15/2011 (Month) (Day) (Year)
3. Michael Wood		Street: 729 Bergen St City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Amanda Lucas		Street: 150 W GORHAM #4 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Heidi Evans		Street: 444 W. Wilson St #312 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Jordan White		Street: 114 W. Gilman St #9 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Robiel Testasillo		Street: 9 Strubel Court #42 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Brittin Borland		Street: 501 W Henry St Apt 105 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Kelson Quisler		Street: 312 N Bassett #3 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Janna TenBruggencate		Street: 1601 Adams Street #3 City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, John M. Rice, (certify): I reside at 9 Longmeadow Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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1. Brian Parker		Street: 439 W. Mifflin St #206 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Alissa Taylor		Street: 515 W. Main St apt 2 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Arielle Altenburg		Street: 135 N. Butler St. #3 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Seamus Fitzgerald		Street: 311 State St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Peter Swanson		Street: Yuma dr. 3915 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Paul Borovay		Street: 18 W. Gilman St Apt 3 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Amanda Zarembo		Street: 1425 E. Johnson St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Michael Toole		Street: 525 West Doty St. Apt. #307 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Leigh Vicens		Street: 330 N. Carroll St, Apt 202 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. David Stoffel		Street: 922 E dayton Apt E City: madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

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1. Jessica Lukes	<i>[Signature]</i>	Street: 2101 Linden Ave #8 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
2. Diana L. Whayland	<i>[Signature]</i>	Street: 25 Stonecrest Cir City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
3. Jared Strick	<i>[Signature]</i>	Street: 1201 Nature Trail Dr. City: Neenah WI Zip: 54956	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah	11/15/2011 (Month) (Day) (Year)	Email Phone ()
4. Katelin Lorenze	<i>[Signature]</i>	Street: 15 N. Hancock #303 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
5. Florian Smoczyński	<i>[Signature]</i>	Street: 125 N. Hawthorn St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
6. LINDA LORING	<i>[Signature]</i>	Street: 101 E. Miff/Inst. City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
7. Marika Lang	<i>[Signature]</i>	Street: 118 N 5th St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
8. Kristin Kernler	<i>[Signature]</i>	Street: 777 University Ave Apt 83 City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
9. Melissa Lorenz	<i>[Signature]</i>	Street: 528 State St Apt 1 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
10. Lauren Schafer	<i>[Signature]</i>	Street: 777 University Ave City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, John M. Rice, (certify): I reside at 9 Longmeadow Cir Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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1. THOMAS E. ZOGRAFI	Thomas E. Zograf	Street: 1037 Saminole Hwy City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Suzanne Erickson	Suzanne Erickson	Street: 2402 Fremont Apt 4 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Todd Berger	Todd Berger	Street: 505 University Ave Apt 1202 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Holly Wilson	Holly Wilson	Street: 5844 Woodland Dr City: Wauwatosa Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wauwatosa	11/15/2011 (Month) (Day) (Year)
5. Jordan Harder	Jordan Harder	Street: 162 N Franklin St City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Matthew Rappelt	Matthew Rappelt	Street: 2311 91st St City: Kenosha Zip: 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	11/15/2011 (Month) (Day) (Year)
7. Hannah Boldt	Hannah Boldt	Street: 304 N Broom St Apt 1 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Brian Bar	Brian Bar	Street: 2026 Fish Hatchery Rd Apt 18 City: Madison, WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Elisabeth de Boer	Elisabeth de Boer	Street: 241 Langdon St #104 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Eli Brunett	Eli Brunett	Street: 416 W. Johnson St City: Madison Zip: 53708	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

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1. ROBERT TOBOLL	<i>Robert Toboll</i>	Street: 615 HOWARD PL. City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Colton Connor	<i>Colton Connor</i>	Street: 1131 Sherman Ave City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Jeff Dabester	<i>Jeff Dabester</i>	Street: 245 S. Park St City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Paula Crossfield	<i>Paula Crossfield</i>	Street: 5730 Dogwood Pl City: Madison, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. David Presny	<i>David Presny</i>	Street: 409 Clearbrooke Terrace City: Cottage Grove Zip: 53527	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cottage Grove	11/15/2011 (Month) (Day) (Year)
6. Dustin Hendrickson	<i>Dustin Hendrickson</i>	Street: 302 Prairie Heights Dr. #103 City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
7. Ryan Cotant	<i>Ryan Cotant</i>	Street: 1277 Canby Hwy E City: Mt. Horeb Zip: 53572	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Horeb	11/15/2011 (Month) (Day) (Year)
8. Andrew Dorel	<i>Andrew Dorel</i>	Street: 2107 W. Linden Ave #8 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Brian Summers	<i>Brian Summers</i>	Street: 833 Clark City: Stevens Point WI Zip: 54481	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stevens Point	11/15/2011 (Month) (Day) (Year)
10. Mary Hoffman	<i>Mary Hoffman</i>	Street: 833 Clark St # F City: Stevens Point Zip: 54481	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stevens Point	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, John M. Rice, (certify): I reside at 9 Longmeadow Cir. Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
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John M. Rice
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Rosanne Richgels	<i>Rosanne Richgels</i>	Street: 2250 SHERMAN AVE City: MADISON Zip: 53704	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Madison <input type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. Marina Runge	<i>Marina Runge</i>	Street: 2234 E. Johnson St. #1 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Rachel Miller	<i>Rachel Miller</i>	Street: 1142 Emerald St City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Raren Parry	<i>Raren Parry</i>	Street: 3 North Randall City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Alec Losinski	<i>Alec Losinski</i>	Street: 216 Langdon St. City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Dylan Silberstein	<i>Dylan Silberstein</i>	Street: 624 N. Francis St. City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Ben Huang	<i>Ben Huang</i>	Street: 4510 Tokay Blvd. City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Carla Oppenheimer	<i>Carla Oppenheimer</i>	Street: 317 State St. #4 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Linda S. Fleming	<i>Linda S. Fleming</i>	Street: 2633 Placid St City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Lisa M Brinn	<i>Lisa M Brinn</i>	Street: 10865 Diamond Circle City: Blue Mounds Zip: 53517	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blue Mounds	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, John M. Rice, (certify): I reside at 9 Longmeadow Cir. Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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John M. Rice
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. MAXWELL JEWER		Street: 1014 E. Gorham St. #1 City: Madison WI Zip: 52703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, VALERIE MELLEROP, (certify): I reside at 1052 East Gorham St.

(Name of Circulator)

(Circulator's Residence - Street name and Number)

MADISON

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. TOM SERION		Street: 1618 EAST GORHAM City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. VICKI (REYNOLDS) WEBB		Street: 1028 E. GORHAM ST City: MAD WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. Holly Strop		Street: 1034 E. Gorham St. City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. Larry Jenkins		Street: 1034 E. Gorham St. City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. Valerie Mellerop		Street: 1052 E. Gorham St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Michael Jaeger		Street: 1052 E. GORHAM ST City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Jason Hanne man		Street: 1032 E. Gorham St City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Lindsay Kubiak		Street: 1026 E. Gorham St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Matt Brody		Street: 1014 E. Gorham St. #B City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Ryan O'Connor		Street: 1014 E Gorham St #A City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, VALERIE MELLEROP, (certify): I reside at 1052 East Gorham St MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Aaron David	<i>Aaron D. David</i>	Street: 4001 Melody Lane City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: ajsdavis Phone: (608) 2
2. Darcy Haber	<i>DNA</i>	Street: 1209 Spraight ST City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: dchabe Phone: (608) 1
3. JOSEPH SISKIND	<i>Joseph Siskind</i>	Street: 720 E. GORHAM ST 203 City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email: JOSEPH Phone: (608) 1
4. Sue Ellen Jensen	<i>Sue Ellen Jensen</i>	Street: 110 N 5th ST City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: SEJ8 Phone: (608) 1
5. NANCY E Carter	<i>Nancy E. Carter</i>	Street: 181 Jackson ST City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)	Email: nancy Phone: (608) 1
6. DEBORAH ROLL	<i>Deborah Roll</i>	Street: 733 1/2 JENIFER City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email: debora Phone: 802
7. Elizabeth Banks	<i>Elizabeth Banks</i>	Street: 1606 Fordem Ave #216 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: bbanks Phone: (608) 1
8. ROBERT STEPHENSON	<i>Robert Stephenson</i>	Street: 447 JEAN ST. City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email: bobste Phone: (608) 1
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email: Phone: ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email: Phone: ()

Certification of Circulator

I, JOY P. NEWMANN, (certify): I reside at 741 JENIFER ST. MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Joy P. Newmann
(Signature of Circulator)

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Circulators, please

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Sharon Stephenson	<i>Sharon Stephenson</i>	Street: 447 Jean St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: smsje Phone: (608)
2. Laura Stoesz	<i>Laura Stoesz</i>	Street: 457 Jean Street #2 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ()
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7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ()
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ()

Certification of Circulator

I, JANE WOLKING, (certify): I reside at 733 JENIFER ST MADISON 53703
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Jane Wolkong
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Kara Horswill	<i>Kara Horswill</i>	Street: 104 N. Few St. #2 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. James McNeill	<i>James McNeill</i>	Street: 106 N. Few St. #2 City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Betty Kaiser	<i>Betty Kaiser</i>	Street: 113 North Few St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. Steve Kosciuk	<i>Steve Kosciuk</i>	Street: 113 N. Few St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
5. Kathy Nissley	<i>Kathy Nissley</i>	Street: 109 N. Few St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Patricia Prime, (certify): I reside at 432 Sidney St Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Patricia Prime
(Signature of Circulator)

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Return to:
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Morgan Smith	[Signature]	Street: 941 E Johnson St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. SANDRA WARD	[Signature]	Street: 441 N PATERSON City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. JOY P. NEWMAN	[Signature]	Street: 741 JENIFER ST. City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. Courtland Y. White	[Signature]	Street: 214 Schley Pass City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, SANDRA WARD, (certify): I reside at 441 N PATERSON MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Kelly Egan	[Signature]	Street: 410 Castle Pl #4 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Elizabeth Gineckstem	[Signature]	Street: 410 Castle Pl #5 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Georgia Vaughn	[Signature]	Street: 420 Castle Pl #A City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Victoria L. Vancil	[Signature]	Street: 420 Castle Pl #A City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. NICHOLAS J. BRACE	[Signature]	Street: 428 Castle Place City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Lynn A. Hellmuth	[Signature]	Street: 914 Castle Pl City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Rebecca Krueger	[Signature]	Street: 920 Castle Place City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, KAREN MATTEONI

(Name of Circulator)

, (certify): I reside at 1710 YAHARA PL MADISON

(Circulator's Residence - Street name and Number)

MADISON

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Isaac Redinger	<i>Isaac Redinger</i>	Street: 408 Washburn Place City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Bill Redinger	<i>Bill Redinger</i>	Street: 408 WASHBURN PLACE City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/20 (Month) (Day) (Year)
3. Stephanie Redinger	<i>Stephanie Redinger</i>	Street: 408 Washburn Place City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Roseanne M. Hefko	<i>Roseanne M. Hefko</i>	Street: 311 N. Brearly St. City: madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Polly Hefko	<i>Polly Hefko</i>	Street: 311 N Brearly St City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Dee A Grimsrud	<i>Dee A Grimsrud</i>	Street: 309 N Brearly St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Sharon Redinger	<i>Sharon Redinger</i>	Street: 408 Washburn Place City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Brian McCormick	<i>Brian McCormick</i>	Street: 407 N. Brearly City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Robert Latousek	<i>Robert Latousek</i>	Street: 407 N Brearly St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Sharon Redinger, (certify): I reside at 408 Washburn Pl. Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Sharon Redinger
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. William May	<i>William M. May</i>	Street: 121 S. Hamilton St. #104 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
2. Vicki Jo Paul Saffran	<i>Vicki Jo Paul Saffran</i>	Street: 501 Riverside Drive City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Julian Madsen	<i>Julian Madsen</i>	Street: 1608 N. Thompson Dr #409 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Dennis C. Madsen	<i>Dennis C. Madsen</i>	Street: 1608 N. Thompson Dr #409 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Bob Taylor	<i>Bob Taylor</i>	Street: 434 W Maple Apt 213 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
6. Tera Madigan	<i>Tera Madigan</i>	Street: 1495 Hancock #3 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
7. BRYAN E. JOHNSON	<i>Bryan E. Johnson</i>	Street: 185 OHIO AVE City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, BRYAN E JOHNSON, (certify): I reside at 185 OHIO AVE MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Bryan E. Johnson
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Craig Kapheim		Street: 3230 Ridgeway Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: CKapheim Phone: () () ()
2. Janice Bradley		Street: 400 Acacia Ln City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Phone: () () ()
3. Lori Matthews		Street: 3650 Dawes St. City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Phone: () () ()
4. Matt Jecinek		Street: 6621 Carlton Dr City: MADISON Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email: Phone: () () ()
5. Nick Matthews		Street: 5808 Spanan Ave City: Madison, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Phone: () () ()
6. Erica L.F. Diehl		Street: 1002 Garfield St City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Phone: () () ()
7. Heidi E. Welch		Street: 2518 E. Johnson H. #1 City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Phone: () () ()
8. Timothy J. O'Donnell		Street: 3106 Larsen Rd City: Madison WI Zip: 53711	<input checked="" type="checkbox"/> Town of Dunn <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email: Phone: () () ()
9. Emma Czarapata		Street: 3106 Larsen Rd City: Madison, WI Zip: 53711	<input checked="" type="checkbox"/> Town of Dunn <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email: Phone: () () ()
10. Martin Jenich		Street: 5214 Brightbridge Rd City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Phone: () () ()

Certification of Circulator

I, BRYAN E JOHNSON, (Name of Circulator)

(certify): I reside at 185 OHIO AVE

(Circulator's Residence - Street name and Number)

MADISON
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. VICTORIA ISOM	<i>VI</i>	Street: 1100 E JOHNSON City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone () ()
2. Philippa Bergmann	<i>Philippa Bergmann</i>	Street: 938 E. Madison Dayton St. #2 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone () ()
3. DONNA M. GREEN	<i>Donna M. Green</i>	Street: 213 N. Brearly #6 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone () ()
4. KAREN MATTEONI	<i>Karen Matteoni</i>	Street: 1710 YAHARA PL City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)	Email: karena Phone: (608) 2
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()

Certification of Circulator

I, Darcy Haber, (certify): I reside at 1209 Spaight St Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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Circulators, please

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. CRIS W BERRY		Street: 4210 CLARE ST. City: MADISON Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email: CRISBER Phone: (608) 8
2. Norma Gay Davidson Zieske		Street: 1011 E. Gorham City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: wipost Phone: (608) 2
3. Rebecca Hill		Street: 1108 E. Gorham #2 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Captainm Phone: (608) 2
4. JESSE INGOLD		Street: 1116 E. GORHAM ST City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email: jesseingold Phone: (608) 51
5. Erin Murphy		Street: 1116 E. Gorham City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: murphce Phone: (920) 5
6. Riley Knudsen		Street: 1118 E. Gorham # 1/2 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Super Phone: (719) 6
7. John De Friel		Street: 1122 E Gorham St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: jdefriel Phone: (415) 69
8. Daniel Yelle		Street: 1124 E. Gorham St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: daniel Phone: (608) 4
9. Victor Lenthe		Street: 1126 E. Gorham St City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: vl Phone: (608) 2
10. Joshua Natzke		Street: 6 High Point Oaks Ln 102 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()

Certification of Circulator

I, Norma Gay Davidson-Zieske (Name of Circulator) certify: I reside at 1011 E. Gorham St. (Circulator's Residence - Street name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Norma Gay Davidson-Zieske
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Laura McRedie	<i>Laura McRedie</i>	Street: 58 Northridge Ter #102 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City # Madison	11 / 15 / 2011 (Month) (Day) (Year)
2. DOUGLAS ASKEW	<i>Douglas Askew</i>	Street: 58 Northridge Ter #102 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City # Madison	11 / 15 / 2011 (Month) (Day) (Year)
3. Dominique Williams	<i>Dominique Williams</i>	Street: 58 Northridge Ter #103 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City # Madison	11 / 15 / 2011 (Month) (Day) (Year)
4. Sharon Jordan	<i>Sharon Jordan</i>	Street: 58 Northridge Ter #104 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City # Madison	11 / 15 / 2011 (Month) (Day) (Year)
5. James Stange	<i>James Stange</i>	Street: 58 Northridge Ter #107 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City # Madison	11 / 15 / 2011 (Month) (Day) (Year)
6. Gordon Muzante	<i>Gordon Muzante</i>	Street: 58 Northridge Ter #108 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City # Madison	11 / 15 / 2011 (Month) (Day) (Year)
7. Asha Green	<i>Asha Green</i>	Street: #1158 CH City: Mazionine Zip: 53560	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City # Madison CH	11 / 15 / 2011 (Month) (Day) (Year)
8. Antwan Windom	<i>Antwan Windom</i>	Street: #1080 City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City # Madison CH	11 / 15 / 2011 (Month) (Day) (Year)
9. John Robinson	<i>John Robinson</i>	Street: Fitchburg City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City # Madison CH	11 / 15 / 2011 (Month) (Day) (Year)
10. Austen Williams	<i>Austen Williams</i>	Street: 58 Northridge Ter #202 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City # Madison	11 / 15 / 2011 (Month) (Day) (Year)

Certification of Circulator

I, Catherine A. Hart, (certify): I reside at 58 Northridge Ter #201 City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Catherine A. Hart
(Signature of Circulator)

Page No. (Official Use Only)
1026

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Circulators, please
Phone
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A1400

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Stephan Birsch		Street: 4605 Camden Rd City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Samantha Minardi		Street: 4521 Camden Rd. City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Roger Jones		Street: 4521 Camden Rd. City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Susan Whitney		Street: 58 Northridge Terrace #104 City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Alisc Poole		Street: 58 Northridge City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Allene Howard		Street: 58th Northridge City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Edward Johnson		Street: 58 Northridge Ter #201 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Carter Wright		Street: 1730 Northport Dr City: Madison WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Jennifer Jones		Street: 58 Northridge Ter #305 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Dale Seldal		Street: 6453 S. Windsor Prairie Rd City: DeForest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Vienna	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Catherine A. Hart, (certify): I reside at 58 Northridge Ter #201 City - Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Catherine A. Hart
(Signature of Circulator)

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

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I, Catherine A Hart, (certify): I reside at 58 Northridge Ter # 201 City - Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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(Month) (Day) (Year)

Catherine A. Hall
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Diane K. Emden	<i>Diane K Emden</i>	Street: 7749 Schaller Rd City: Verona, WI Zip: 53593	<input checked="" type="checkbox"/> Town montrose <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone ()
2. Jami Dodge	<i>Jami Dodge</i>	Street: 6840 Park Ridge Dr City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village madison <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone ()
3. Dianne Gintz	<i>Dianne Gintz</i>	Street: 3826 Mammoth Tr City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
4. Marissa Choudor	<i>Marissa Choudor</i>	Street: 704 CHERRYWOOD CT. #11 City: MADISON WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone ()
5. Joan Bartel	<i>Joan L Bartel</i>	Street: 707 Copeland St. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
6. Susan Taylor	<i>Susan Taylor</i>	Street: 403 Harvest Lane City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email Phone ()
7. KATHLEEN GEE-BENNETT	<i>Kathleen GEE-Bennett</i>	Street: 210 S. 4th St. City: MOUNT HOREB Zip: 53572	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MOUNT <input type="checkbox"/> City HOREB	11/15/2011 (Month) (Day) (Year)	Email Phone ()
8. Marcie Sandoval-Ibarra	<i>Marcie Sandoval-Ibarra</i>	Street: 6905 Avalon Ln City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
9. PEDRO V. IBARRA	<i>Pedro V. Ibarra</i>	Street: 6905 Avalon Ln City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
10. Jodi L. Moll	<i>Jodi L. Moll</i>	Street: 17 Maple Run Ct. City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Michael Ronke, (certify): I reside at 520 DeForest St Apt 2 DeForest
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Michael Ronke
(Signature of Circulator)

Page No. (Official Use Only)
1029

Circulators, please

Phone
Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Joseph P. Schoeneman	Joseph P. Schoeneman	Street: 6000 Sun Valley Pkwy City: Oregon, WI Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/15/2011 (Month) (Day) (Year)	Email: Schoeneman Phone: (608) 8
2. Karen Krat-Schoeneman	Karen Krat-Schoeneman	Street: 6000 Sun Valley Pkwy City: Oregon, WI Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/15/2011 (Month) (Day) (Year)	Email: Schoeneman Phone: (608) 8
3. Kristi Kubs	Kristi Kubs	Street: 8601 Kimball Ln #103 City: Verona WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email: Kristi Kubs Phone: (608) 3
4. Jean Gavin	Jean Gavin	Street: 404 Ashton Dr. City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email: sjgavin Phone: (608) 8
5. Alanya Patterson	Alanya Patterson	Street: 915 Walnut St City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email: alanya Phone: (608) 6
6. Francine Wendorf	Francine Wendorf	Street: 1012 Tower Circle City: New Glarus WI Zip: 53574	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Glarus	11/15/2011 (Month) (Day) (Year)	Email: fschw Phone: (608)
7. JOHN BORWARD	John Borward	Street: 722 FOREST VIEW DR City: VERONA WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 (Month) (Day) (Year)	Email: JEA @ T Phone: (608) 8
8. Judith Hegge	Judith Hegge	Street: 6592 Whalen Rd. City: Verona WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email: martj Phone: ()
9. Katherine Alling	Katherine Alling	Street: 21 Springfield Ct City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Katherine Phone: (608) 7
10. Carla Bonsignore	Carla Bonsignore	Street: 309 N. 2nd St City: Mt. Horeb WI Zip: 53578	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Horeb	11/15/2011 (Month) (Day) (Year)	Email: Carla.b Phone: (608)

Certification of Circulator

I, Michael Pionke, (certify): I reside at 700 DeForest St Apt 2 DeForest
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Michael Pionke
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators, please

Phone

Email

A-453-2

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

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1. Bruce Emden	<i>Bruce Emden</i>	Street: 7749 Schuller Rd City: Verona WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Montrose	11/15/2011 (Month) (Day) (Year)	Email Phone ()
2. Jodi M. Guttman	<i>Jodi M. Guttman</i>	Street: 7203 Midtown Rd #112 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
3. Grant Gintz	<i>Grant Gintz</i>	Street: 3826 Mammoth Trl City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
4. Colleen Campbell	<i>Colleen Campbell</i>	Street: 2129 Commonwealth City: Madison WI Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
5. Kelly Gullett	<i>Kelly Gullett</i>	Street: 3229 Milwaukee St City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
6. Elizabeth Warner	<i>E Warner</i>	Street: 495 Jenna Dr. City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email Phone ()
7. Patricia J. McLean	<i>Patricia J. McLean</i>	Street: 6109 Midwood Ave. City: Monona WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/15/2011 (Month) (Day) (Year)	Email Phone ()
8. Margaret A. Guy	<i>Margaret A. Guy</i>	Street: 436 Dunhill Dr. City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email Phone ()
9. Elizabeth Brooks	<i>E Brooks</i>	Street: 730 Spruce St. City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email Phone ()
10. Karen Hanson	<i>Karen Hanson</i>	Street: 2929 Maple View Dr. City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Michael Pionke, (certify): I reside at 520 Deforest St Deforest
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011
(Month) (Day) (Year)

Michael Pionke
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators, please

Phone

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A-453-3

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Debra Balweg</u> Sign: <u>Debra Balweg</u>	Street: <u>888 Ridge Crest Lane</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Verona MP</u> (Municipality Name)	<u>11/15/20</u> (Month) (Day) (Year)	Email <u>DT</u> Phone ()
2. Print: <u>Michael Curtis</u> Sign: <u>Michael Curtis</u>	Street: <u>N3989 Brittain Lane</u> City: <u>Brodhead WI</u> Zip: <u>53520</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Deane</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email — Phone ()
3. Print: <u>Nicole Taugher</u> Sign: <u>NT</u>	Street: <u>101 Westridge Parkway #204</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Verona-MP</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>thirst</u> Phone (608)
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()

I, Michael Pionke (certify): I reside at 520 Deforest St Apt 2 DeForest
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)
Michael Pionke
(Signature of Circulator)

Page No. (Official Use Only)
1032

Circulators,
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Jeanette Feifarek</u> Sign: <u>Jeanette Feifarek</u>	Street: <u>3522 Basalt Ln</u> City: <u>Madison, WI</u> Zip: <u>58715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone ()
2. Print: <u>Mary Connor</u> Sign: <u>Mary Connor</u>	Street: <u>2129 Winnebago St.</u> City: <u>Madison WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone ()
3. Print: <u>Marybeth Brazelton</u> Sign: <u>Marybeth Brazelton</u>	Street: <u>313 Karen Court</u> City: <u>Madison WI</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone ()
4. Print: <u>Sarah Elms</u> Sign: <u>Sarah Elms</u>	Street: <u>304 N. Brookwood</u> City: <u>Mt Horeb WI</u> Zip: <u>53572</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mt Horeb</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone ()
5. Print: <u>SHEILA STENSETH</u> Sign: <u>Shik Stett</u>	Street: <u>1130 ENTERPRISE DR</u> City: <u>VERONA</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>VERONA</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>stense</u> Phone (608)

I, Michael Pionke, (certify): I reside at 520 DeForest St Apt 2 DeForest
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Michael Pionke
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators,
Please include your contact information

Phone
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee to
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: Jennie Clement Sign: <i>J A Clement</i>	Street: 863 N. Edge Trail City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona <small>(Municipality Name)</small>	11/15/2011 <small>(Month) (Day) (Year)</small>	Email: jaclem Phone: (608)
2. Print: PAULETTE L. SPOON Sign: <i>Paulette L. Spoon</i>	Street: 2755 CROSS COUNTRY CIR City: VERONA WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City VERONA <small>(Municipality Name)</small>	11/15/2011 <small>(Month) (Day) (Year)</small>	Email: e3ps Phone: (608)
3. Print: Rebecca Cole Sign: <i>Rebecca Cole</i>	Street: 198 Romar Dr City: Milton Zip: 53563	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milton <small>(Municipality Name)</small>	11/15/2011 <small>(Month) (Day) (Year)</small>	Email: rmicole Phone: (608)
4. Print: David J. Messmann Sign: <i>David J. Messmann</i>	Street: 9641 Overland Rd. City: Mt. Horeb WI Zip: 53572	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Horeb <small>(Municipality Name)</small>	11/15/2011 <small>(Month) (Day) (Year)</small>	Email: david m Phone: (608)
5. Print: Cessely Block Sign: <i>Cessely Block</i>	Street: 5017 Turner Ave City: Madison, WI Zip: 53716	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison <small>(Municipality Name)</small>	11/15/2011 <small>(Month) (Day) (Year)</small>	Email: Cessely Phone: (608)

I, Michael Pionke (Printed Name of Circulator) (certify): I reside at 220 DeForest St Apt 2 (Circulator's Residence - Street Name and Number) DeForest (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011 (Month) (Day) (Year) *Michael Pionke* (Signature of Circulator)

Page No. (Official Use Only)
1034

Circulators.
Please include your con

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Ann Schaefer</u> Sign: <u>[Signature]</u>	Street: <u>527 LINDEN CR</u> City: <u>VERONA WI</u> Zip: <u>53593</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Jay Nyhagen</u> Sign: <u>Jay Nyhagen</u>	Street: <u>1511 Furseth Rd</u> City: <u>Stoughton</u> Zip: <u>53589</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Stoughton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Laura Marquardt</u> Sign: <u>Laura Marquardt</u>	Street: <u>601 1/2 Pine St</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>MARIA CARVALHO</u> Sign: <u>[Signature]</u>	Street: <u>2709 Homestead Rd</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Kabby Hong</u> Sign: <u>Kabby Hong</u>	Street: <u>2804 Mickelson Pkwy #202</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()

I, Michael Pionke, (certify): I reside at 520 DeForest St Apt 2 DeForest
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 1 15 120 11
(Month) (Day) (Year)
[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

1035

Circulators,
Please include your contact

Phone

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Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: Cinda Quinn Sign: Cinda Quinn	Street: 523 Acodia Way City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()
2. Print: Julie Jansen Sign: Julie Jansen	Street: N7015 Trumpy Road City: Albany WI Zip: 53502	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant Pleasant Valley (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()
3. Print: Kelly Hettich Sign: Kelly Hettich	Street: 4391 Crescent Rd. #5 City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()
4. Print: Shawn Daly Sign: Shawn Daly	Street: 2630 Smithfield Dr City: Fitchburg WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()
5. Print: Carrie Dingle Sign: Carrie Dingle	Street: 6605 Putnam Rd City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()

I, Michael Pionke (Printed Name of Circulator), certify: I reside at 520 DeForest St Apt 2 (Circulator's Residence - Street Name and Number) DeForest (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(g), Wis. Stats.

11/15/2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

1036

Circulators,

Please include your contact

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Kim Schaaf</u> Sign: <u>Kim Schaaf</u>	Street: <u>809 Cheshire Castle Way</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Kimbs</u> Phone (608) _____
2. Print: <u>LuAnn Wichlacz</u> Sign: <u>LuAnn Wichlacz</u>	Street: <u>5017 Turner Ave</u> City: <u>Madison WI</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone () _____
3. Print: <u>Mary Ann Ford</u> Sign: <u>Mary Ann Ford</u>	Street: <u>555 S. Midvale Blvd #325</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>maryann193</u> Phone () _____
4. Print: <u>Julie Jenewein</u> Sign: <u>Julie Jenewein</u>	Street: <u>5865 Roanoke Dr</u> City: <u>Fitchburg WI</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>j.jenewein</u> Phone (608) _____
5. Print: <u>ASA MIURA</u> Sign: <u>Oran Ulinz</u>	Street: <u>4934 KNOX LANE</u> City: <u>MADISON, WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608) _____

I, Michael Pionke (Printed Name of Circulator), (certify): I reside at 520 DeForest St Apt (Circulator's Residence - Street Name and Number)

DeForest
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Michael Pionke
(Signature of Circulator)

Page No. (Official Use Only)
1037

Circulators,
Please include your contact information
Phone
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A453-

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 15, 2011
Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Reginald E. Davis</u> Sign: <u>[Signature]</u>	Street: <u>2910 Woodworth Dr.</u> City: <u>Madison, WI</u> Zip: <u>53712</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>[Signature]</u> Phone: <u>(608) 261-1234</u>
2. Print: <u>Roberta Westphal</u> Sign: <u>Roberta Westphal</u>	Street: <u>3834 State Road 78</u> City: <u>Mt. Horeb, WI</u> Zip: <u>53572</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Cross Plains</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>[Signature]</u> Phone: <u>(608) 441-1234</u>
3. Print: <u>Jill Shelton Miura</u> Sign: <u>Jill Shelton Miura</u>	Street: <u>4934 Knox Lane</u> City: <u>Madison, WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>jillmarie</u> Phone: <u>(608) 781-1234</u>
4. Print: <u>TRICIA WERSAL</u> Sign: <u>Tricia Wersal</u>	Street: <u>4018 Cosgrove Dr</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>[Signature]</u> Phone: <u>(608) 841-1234</u>
5. Print: <u>Kurt Kneue</u> Sign: <u>Kurt Kneue</u>	Street: <u>744 James Circle</u> City: <u>Verona, WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>kneue</u> Phone: <u>(608) 841-1234</u>

I, Michael Pionke (certify): I reside at 520 DeForest St Apt 2 DeForest
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1038

Circulators.
Please include your contact

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Holly Dowling</u> Sign: <u>Holly Dowling</u>	Street: <u>6352 Goose Lake Dr</u> City: <u>Verona</u> Zip: <u>53593</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>holly</u> Phone <u>(608)</u>
2. Print: <u>DICK EVANS</u> Sign: <u>Dick Evans</u>	Street: <u>5309 Raymond Rd</u> City: <u>MADISON</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON MP</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>608-</u> Phone <u>()</u>
3. Print: <u>Karin A Bowers Cady</u> Sign: <u>Karin A Bowers Cady</u>	Street: <u>4744 Secret Garden Dr.</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>cadyk</u> Phone <u>(608)</u>
4. Print: <u>Katherine Clark</u> Sign: <u>Katherine Clark</u>	Street: <u>3026 Timber Ln</u> City: <u>Verona</u> Zip: <u>WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Clark</u> Phone <u>(608)</u>
5. Print: <u>Faye Hoban</u> Sign: <u>Faye Hoban</u>	Street: <u>101 Westridge Pkwy. #104</u> City: <u>Verona WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Faye</u> Phone <u>(608)</u>

I, Michael Pionke (certify): I reside at 520 DeForest St Apt 2 DeForest
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.23(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)
Michael Pionke
(Signature of Circulator)

Page No. (Official Use Only)
1039

Circulators.
Please include your co
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>BONNIE KLASSY</u> Sign: <u>Bonnie Klasy</u>	Street: <u>339 S. Monroe Str.</u> City: <u>Monizella, WI</u> Zip: <u>53570</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Monizella</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>MIK B</u> Phone (608)
2. Print: <u>Elizabeth Buerger</u> Sign: <u>Elizabeth Buerger</u>	Street: <u>1510 Whetona Dr</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>buerger</u> Phone (608)
3. Print: <u>GENNINE CASTANEDA</u> Sign: <u>Gennine Castaneda</u>	Street: <u>6405 Pizarro Cir</u> City: <u>MADISON WI</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>gennine</u> Phone (608)
4. Print: <u>Vanessa Palmert</u> Sign: <u>Vanessa Palmert</u>	Street: <u>4101 Maple Grove Dr. #108</u> City: <u>Madison, WI</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Vpalm</u> Phone (414)
5. Print: <u>Jane M. Miller</u> Sign: <u>Jane M. Miller</u>	Street: <u>528 Harvest Lane</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>janem</u> Phone (608)

I, Michael Pionke (certify): I reside at 520 Deforest St Apt 2 Deforest
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)
Michael Pionke
(Signature of Circulator)

Page No. (Official Use Only)
1040

Circulators,
Please include your con
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Randall E Becker</u> Sign: <u>Randall E Becker</u>	Street: <u>112 Anne St</u> City: <u>Mazomanie</u> Zip: <u>53560</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mazomanie</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>rbecke</u> Phone: <u>608 (609)</u>
2. Print: <u>Jennie Johnson - Corless</u> Sign: <u>J Johnson-Corless</u>	Street: <u>604 East View Ct</u> City: <u>Verona</u> Zip: <u>53593</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>jbc h</u> Phone: <u>(608)</u>
3. Print: <u>Neysa Chaparro</u> Sign: <u>Neysa Chaparro</u>	Street: <u>5192 Kittycrest Dr.</u> City: <u>Madison, WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>neysac</u> Phone: <u>(608)</u>
4. Print: <u>Lois L. Feiner</u> Sign: <u>Lois L. Feiner</u>	Street: <u>1118 Red Tail Dr.</u> City: <u>Verona</u> Zip: <u>53593</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Verona MP</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>(Feiner)</u> Phone: <u>(608)</u>
5. Print: <u>PATRICK RANK</u> Sign: <u>Patrick Rank</u>	Street: <u>2709 HOMESTEAD ROAD</u> City: <u>MADISON, WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>THIRDAU</u> Phone: <u>(608)</u>

I, Michael Plonke, (certify): I reside at 520 DeForest St Apt 2 DeForest
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Michael Plonke
(Signature of Circulator)

Page No. (Official Use Only)
1041

Circulators.
Please include your con

Phone
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Email

A453

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J.
Committee t
PO Box 256
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Matthew Tiller</u> Sign: <u>Matthew Tiller</u>	Street: <u>3017 Foxwood Trl</u> City: <u>Madison, WI</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>tillerm</u> Phone <u>(608)</u>
2. Print: <u>Kari Vidlock</u> Sign: <u>K Vidlock</u>	Street: <u>310 E. Main St #1</u> City: <u>Mount Horeb</u> Zip: <u>53572</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mount Horeb</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
3. Print: <u>Lisa Seibold-Zorr</u> Sign: <u>Lisa Seibold-Zorr</u>	Street: <u>7852 Sagebrush Trail</u> <u>Middleton, WI 53562 MP</u> City: <u>Middleton WI</u> Zip: <u>53562</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
4. Print: <u>Clara A. Peters</u> Sign: <u>Clara Peters</u>	Street: <u>6726 Park Ridge Dr. #D</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Clarita</u> Phone <u>(608)</u>
5. Print: <u>Susan Stodola</u> Sign: <u>Susan Stodola</u>	Street: <u>11 Sedona Ct</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Sues</u> Phone <u>(608)</u>

Certification of Circulator
I, Michael Pionke (Printed Name of Circulator) certify: I reside at 520 DeForest St Apt 2 (Circulator's Residence - Street Name and Number) DeForest (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)
Michael Pionke
(Signature of Circulator)

Page No. (Official Use Only)
1042

Circulators,
Please include your contact information.
Phone
()
Email

A453

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Nancy Thorne Cahill</u> Sign: <u>Nancy Thorne Cahill</u>	Street: <u>300 Bergum Road</u> City: <u>Mount Horeb</u> Zip: <u>53572</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Blue Mounds</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>ntca</u> Phone (608)
2. Print: <u>Michael J. Cahill</u> Sign: <u>Michael J. Cahill</u>	Street: <u>3100 Bergum Rd.</u> City: <u>Mount Horeb</u> Zip: <u>53572</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Blue Mounds</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>mikesm</u> <u>yah</u> Phone (608)
3. Print: <u>MARK SCHWENN</u> Sign: <u>Mark Schwen</u>	Street: <u>38 PATRICK WAY</u> City: <u>FITCHBURG</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>FITCHBURG</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
4. Print: <u>Mallory K. Keener</u> Sign: <u>Mallory K. Keener</u>	Street: <u>112 Quaker Circle</u> City: <u>Madison WI</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>mallor</u> Phone (608)
5. Print: <u>Pat McPartland</u> Sign: <u>Pat McPartland</u>	Street: <u>6681 Sunset Dr</u> City: <u>Verona</u> Zip: <u>53593</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>pme</u> Phone (608)

I, Michael Pionke (Printed Name of Circulator) (certify): I reside at 520 DeForest St Apt (Circulator's Residence - Street Name and Number) DeForest (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(2)(a), Wis. Stats.

11 (Month) 15 (Day) 2011 (Year) Michael Pionke (Signature of Circulator)

Page No. (Official Use Only)
1043

Circulators,
Please include your contact
Phone
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Email

A453

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Bill Rose III</u> Sign: <u>Bill Rose III</u>	Street: <u>857 Hemlock Drive</u> City: <u>Verona, WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: <u>Michelle Lindauer</u> Sign: <u>Michelle Lindauer</u>	Street: <u>1102 Stonebriar Dr.</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: <u>Stephanie Symes</u> Sign: <u>Stephanie Symes</u>	Street: <u>4134 N. Sunset Ct</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: <u>Karen Mittelebach</u> Sign: <u>Karen</u>	Street: <u>7205 St. Dominic</u> City: <u>Deak City, WI</u> Zip: <u>53583</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Roxbury</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
5. Print: <u>Susan Reddan</u> Sign: <u>Susan Reddan</u>	Street: <u>521 Toepfer Ave</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()

I, Michael Pionke, (certify): I reside at 520 DeForest St Apt 2 DeForest
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11, 15, 2011
(Month) (Day) (Year)

Michael Pionke
(Signature of Circulator)

Page No. (Official Use Only)
1064

Circulators,
Please include your contact

Phone
() ()
Email

A453

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Christine Frei</u> Sign: <u>Christine Frei</u>	Street: <u>410 S. Jefferson St.</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>KERI FERGUSON</u> Sign: <u>Keri Ferguson</u>	Street: <u>2909 WENTWORTH DR</u> City: <u>MADISON</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>KELLY E. STORM</u> Sign: <u>Kelly E Storm</u>	Street: <u>2933 Maple Grove Dr</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Erin J. Holland</u> Sign: <u>Erin J. Holland</u>	Street: <u>3806 Drumlin Ln.</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Marlene Koch</u> Sign: <u>Marlene L Koch</u>	Street: <u>533 Kings Lynn Rd.</u> City: <u>Stoughton</u> Zip: <u>53589</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Stoughton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()

I, Michael Pronka (Printed Name of Circulator), (certify): I reside at 520 DEFOREST AVE (Circulator's Residence - Street Name and Number)

DeForest (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 (Month), 15 (Day), 2011 (Year)
Michael Pronka (Signature of Circulator)

Page No. (Official Use Only)
1045

Circulators,
Please include your contact information

Phone
()
Email

A453-1

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Marlene Buechel</u> Sign: <u>Marlene Buechel</u>	Street: <u>1111 Drunklin Dr</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>bueche</u> Phone (608) ()
2. Print: <u>Stacey Crowe</u> Sign: <u>Stacey Crowe</u>	Street: <u>8701 Fairway Oaks Dr</u> City: <u>Madison/Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>stacey</u> Phone (608) ()
3. Print: <u>Jennifer Ribbink</u> Sign: <u>Jen Ribbink</u>	Street: <u>2026 Jackson Street</u> City: <u>Stoughton</u> Zip: <u>53589</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone () ()
4. Print: <u>Andrea L S Davis</u> Sign: <u>Andrea Davis</u>	Street: <u>2910 Wentworth Dr</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>andrea</u> Phone (608) ()
5. Print: <u>Susan D Fortney</u> Sign: <u>Susan D Fortney</u>	Street: <u>5746 Norfolk Dr</u> City: <u>Fitchburg</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>susan</u> Phone () ()

I, Michael Pionk (certify): I reside at 520 DeForest Apt 2
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Delforest
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)
Michael Pionk
(Signature of Circulator)

Page No. (Official Use Only)
1046

Circulators.
Please include your contact information.
Phone
() ()
Email

A453+

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Gerri Crawford	<i>Gerri Crawford</i>	Street: 2325 Leopold Way #102 City: Fitchburg WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
2. Michelle Miller	<i>Michelle Miller</i>	Street: 230 Thomson Ln #4 City: Oregon Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/15/2011 (Month) (Day) (Year)
3. Scott Hustad	<i>Scott Hustad</i>	Street: 710 Moorland Rd City: Madison Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Kerri Heath	<i>Kerri Heath</i>	Street: 710 Moorland City: Madison Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Ashley Lemke	<i>Ashley Lemke</i>	Street: 3640 Breckenridge City: Fitchburg WI Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
6. ENZABETH A. SOHNSON	<i>Elizabeth A. Johnson</i>	Street: 3378 KUENZING DR City: McFARLAND Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City McFARLAND	11/15/2011 (Month) (Day) (Year)
7. LINDA L SNYDER	<i>Linda L Snyder</i>	Street: 1311 DOTTAWATON TRAIL City: MILTON Zip: 53563	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILTON	11/15/2011 (Month) (Day) (Year)
8. Karen L. Beck	<i>Karen L Beck</i>	Street: 6603 Lani Lane City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
9. Austin Hegstrom	<i>Austin Hegstrom</i>	Street: 5726 Alpine Road City: Brooklyn Zip: 53521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brooklyn	11/15/2011 (Month) (Day) (Year)
10. Dave Juve	<i>Dave Juve</i>	Street: 4154 Windsor Rd City: DeForest Zip: 53532	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Windsor	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Matthew Mita, (certify): I reside at 5705 Leanne Lane McFarland
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

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Circulators, p

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. Matthew Mita	<i>[Signature]</i>	Street: 5705 Leanne Lane City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email: sun_wuku Phone: (608)
2. Denise J. Hubbard	<i>[Signature]</i>	Street: 111 LORD ST. City: EDGERTON WI Zip: 53534	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City EDGERTON	11/15/2011 (Month) (Day) (Year)	Email: Denise Phone: (608)
3. Alyssa Spangler	<i>[Signature]</i>	Street: 2503 Greenway View City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Gothi Phone: (608)
4. Marcia Loose	<i>[Signature]</i>	Street: 5672 Ambrosia Tr City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email: Marcia Phone: (608)
5. Amy Lehman	<i>[Signature]</i>	Street: 2517 Pheasant Rd City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Amy Phone: (608)
6. Brenda Sande	<i>[Signature]</i>	Street: 660 S Woods Edge Dr City: Oregon WI Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/15/2011 (Month) (Day) (Year)	Email: Brenda Phone: (608)
7. Lisa Johnson	<i>[Signature]</i>	Street: 1177 Painted Rock Dr City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Lisa Phone: (608)
8. Danna Page	<i>[Signature]</i>	Street: 301 E 4th Ave City: Brodhead Zip: 53520	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brodhead	11/15/2011 (Month) (Day) (Year)	Email: danna Phone: (608)
9. Gerald Warren	<i>[Signature]</i>	Street: 205 Division City: Brooklyn Zip: 53521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brooklyn	11/15/2011 (Month) (Day) (Year)	Email: Gerald Phone: (608)
10. Alina Cuamani	<i>[Signature]</i>	Street: 107 Kurt Dr City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Alina Phone: (608)

Certification of Circulator

I, Matthew Mita, (certify): I reside at 5705 Leanne Lane McFarland
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Eric Hagstrom	<i>Eric Hagstrom</i>	Street: 916 Shorewood Blvd City: Madison Zip: 53705	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village Shorewood Hills <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email: eric Phone: (608)
2. Mary K Pusateri	<i>Mary K Pusateri</i>	Street: 4045 Rockwell Dr City: Madison, WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Phone: (608)
3. MAXINE ASHWILL	<i>Maxine Ashwill</i>	Street: 4512 SHOREWOOD RD City: MONONA, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MONONA	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
4. LISA K. MITCHELL	<i>Lisa K. Mitchell</i>	Street: 2426 SOMMERS AVE City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email: lmk Phone: (608)
5. Crystal Betterley	<i>Crystal Betterley</i>	Street: 118 North Street City: Madison Wisconsin Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
6. ERNESTINA DIAZ	<i>Ernestina Diaz</i>	Street: 1010 Mayfair Ave City: Madison Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
7. Andrea Kleiner	<i>Andrea Kleiner</i>	Street: 2954 Milwaukee St Apt 2 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: rekline Phone: ()
8. LISA FIALA	<i>Lisa Fiala</i>	Street: 225 E. LAKE LAWN PL. City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
9. Wendy Rakower	<i>Wendy Rakower</i>	Street: 1217 Rutledge St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
10. Sue Rosenbaum	<i>Sue Rosenbaum</i>	Street: 1618 Fordem Ave Apt. 208 City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email: Phone: (608)

Certification of Circulator

I, Karen K. Anderson Karen Anderson, (certify): I reside at 1907 Sherman Ave #14 Town of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Karen K. Anderson
(Signature of Circulator)

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